



OTS Name

OTS #

Date

Time In

Time Out

VI AREA

OTS Type: ☐ Public ☐ Private ☐ S/B ☐ Diesel

Test Equipment

	Pass	Fail	N/A
Brake Tester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTS Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIR 18 Month File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIR Submittal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certificate of Safety

	Yes	No	Beginning #	Ending #	Beginning #	Ending #
Truck	<input type="checkbox"/>	<input type="checkbox"/>				
Trailer	<input type="checkbox"/>	<input type="checkbox"/>				
School Bus	<input type="checkbox"/>	<input type="checkbox"/>				
Diesel	<input type="checkbox"/>	<input type="checkbox"/>				
Rebuilt	<input type="checkbox"/>	<input type="checkbox"/>				

Comments

IDOT Representative

Date

OTS Representative

Date